06553

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH · COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 122 Ross St.	STREET ADDRESS (If rural, give location) 122 Ross St.

3. NAME OF DECEASED (Type or Print) (First) Rosie (Middle) Lee (Last) Balser

4. DATE OF DEATH (Month) 6 (Day) 8 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH July 21-1872

9. AGE last birthday 77 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY House Keeper

11. BIRTHPLACE (State or foreign country) Wash Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Ezra Hurd

14. MOTHER'S MAIDEN NAME Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Iva Banzhoff

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of rectum — INTERVAL BETWEEN ONSET AND DEATH 1 yr.

154x

Antecedent cause(s)

46d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial Changes - hypertension

(c) Cardio-Vascular Disease.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 4, 1950, to June 8, 1950, that I last saw the deceased alive on June 8, 1950, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. D. Campbell — ADDRESS 145 W. Washington St Md — DATE SIGNED 6/9/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 6/11/50 — NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery — LOCATION (City, town, or county) Hagerstown Md (State)

DATE REC'D BY LOCAL REG. June 10, 1950 — REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR Rest Haven Funeral Chapel, Inc. — ADDRESS Hagerstown Md.

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 19 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06554

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 3 11

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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T

VS. A15A

1. PLACE OF DEATH: COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: | LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Shaffer's Landing

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminster
STREET ADDRESS (If rural, give location): New Windsor Road ✓

3. NAME OF DECEASED (Type or Print): (First) Ray (Middle) Miller (Last) Beitler
4. DATE OF DEATH: (Month) June (Day) 14 (Year) 19 50
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 12-24-1899
9. AGE last birthday: 50 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RADIO REPAIRMAN
10b. KIND OF BUSINESS OR INDUSTRY: ELECTRIC APPLIANCES
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: GEORGE H. BEITLER
14. MOTHER'S MAIDEN NAME: ANNIE S. MILLER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO | (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 216-10-0060
17. INFORMANT: MRS RAY M. BEITLER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia by drowning (accidental)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

850.8

1/2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: - - -
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Potomac River (CITY OR TOWN) Near Antietam (COUNTY) Wash. Co (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 6-11-'50 4:15 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Out board motor boat - over turned

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: S. Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD.
ADDRESS: 115 N. Potomac Hagerstown Md.
DATE SIGNED: 6/14/50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF: JUNE 16 1950
NAME OF CEMETERY OR CREMATORY: ROCKY RIDGE CEMETERY
LOCATION (City, town, or county): ROCKY RIDGE (State): MD.

DATE REC'D BY LOCAL REG.: June 14 1950
REGISTRAR'S SIGNATURE: Ella Boyer
24. FUNERAL DIRECTOR: J. FRANCIS REESE ADDRESS: WESTMINSTER, MD.

33685

JUL 6 1960
BUREAU

06555

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 30 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 521 Salem Ave.	STREET ADDRESS (If rural, give location) 521 Salem Ave.

3. NAME OF DECEASED (Type or Print)	(First) Gernard	(Middle) Cletus	(Last) Bloyer	4. DATE OF DEATH	(Month) June (Day) 27 (Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Jan. 29, 1900	9. AGE last birthday 50 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	10b. KIND OF BUSINESS OR INDUSTRY Grocery	11. BIRTHPLACE (State or foreign country) Welsh Run Penn.	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME David A. Bloyer	14. MOTHER'S MAIDEN NAME Mrs. Mary E. Rubeck				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 214-09-6370	17. INFORMANT AND ADDRESS Mrs. Thelma Bloyer Hag. Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) HEMOCHROMATOSIS.

289.2 Antecedent cause(s) (b) (Bronze Diabetes) — 3 yrs +

66 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. — —

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —	(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Dec. 28, 1949, to June 26, 1950, that I last saw the deceased alive on June 26, 1950, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] 148 W. Washington St. Hagerstown Md. 6/28/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF June 29, 1950	NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery	LOCATION (City, town, or county) Hagerstown Md. (State)
DATE REC'D BY LOCAL REG. June 28, 1950	REGISTRAR'S SIGNATURE Chas. H. Bowers	24. FUNERAL DIRECTOR Scott F. Minnich & Son	ADDRESS Hag. Md.

43261

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVE
JUN 30 1950
BUREAU V

06556

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Dr. Knesley

Reg. Dist. No. 302

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): 12 Yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1045 Potomac Ave	STREET ADDRESS (If rural, give location): 1045 Potomac Ave

3. NAME OF DECEASED (Type or Print)	(First) George	(Middle) Martin	(Last) Bohman	4. DATE OF DEATH	(Month) June	(Day) 3	(Year) 1950
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: June 30, 1890	9. AGE last birthday: 59 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): President - Bohman - Warne Co.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Levant, N. Y.	12. CITIZEN OF WHAT COUNTRY? U. S. A.				
13. FATHER'S NAME: Martin T. Bohman	14. MOTHER'S MAIDEN NAME: Matilda Anderson						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no	(If year, give war or dates of service)	16. SOCIAL SECURITY No.: 214-09-9289	17. INFORMANT AND ADDRESS: Florence Bohman				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute coronary occlusion	10 min.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis of coronary arteries	?
	(c) (previous coronary occlusion. 1 mo ago)	

42011

94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? I was not attending him. Regular physician out of town.

22. I hereby certify that I attended the deceased from 6/3, 1950, to 6/3, 1950, that I last saw the deceased alive on about a month ago, 19....., and that death occurred at 2:50 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John H. Hornbaker	M.D.	154 W. Washington St. Hagerstown, Md	6/4/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 6 - 13 - 1950	NAME OF CEMETERY OR CREMATORY: Levant Cemetery	LOCATION (City, town, or county) (State): Levant, Chautauqua, N. Y.
DATE REC'D BY LOCAL REG.: June 4. 1950	REGISTRAR'S SIGNATURE: Chas H. Bowers	24. FUNERAL DIRECTOR: Andrew K. Coffman, Hagerstown, Md.	ADDRESS

31699

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
JUN 6 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

66557

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 303

101

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clear Spring; LENGTH OF STAY (in this place) 50 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Cumberland St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wash; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clear Spring, Md.; STREET ADDRESS (If rural give location) Cumberland St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Anna M. Boward

4. DATE OF DEATH (Month) (Day) (Year): June 26 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-7-1885

9. AGE last birthday: 64 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Duties

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William H. Angle

14. MOTHER'S MAIDEN NAME: Florence Eyerly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: George C. Boward- Clear Spring, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 8 days

331X

Antecedent cause(s)

83a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral Hemorrhage in Oct 1949

(c) Arterial Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 19, 1950, to June 26 1950, that I last saw the deceased alive on June 26, 1950, and that death occurred at 7:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

David R. Brewer M.D. Clear Spring Md 6/27/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: June 28-50

NAME OF CEMETERY OR CREMATORY: St. Paul's Cemetery

LOCATION (City, town, or county) (State): Rural Clear Spring

DATE REC'D BY LOCAL REG.: June 28-50

REGISTRAR'S SIGNATURE: Josephine Murray

24. FUNERAL DIRECTOR ADDRESS: Adrian H. Rowland - Clear Spring

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 6 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06558

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 203 Avon Road

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Kathleen (Last) Broadway

4. DATE OF DEATH: (Month) June (Day) 21 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6-18-1950

9. AGE last birthday: yrs. If under 1 year: Months 3 Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Roscoe Broadway

14. MOTHER'S MAIDEN NAME: Anita Kendrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: Roscoe Broadway

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia, due to aspiration of regurgitated formula — Interval Between Onset and Death: 20 minutes

762.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity — 3 days

159 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 18, 1950, to June 21, 1950, that I last saw the deceased alive on June 21, 1950, and that death occurred at 7:50 P.S.T. m., from the causes and on the date stated above.

SIGNATURE W. D. Layman, M.D. (Degree or title) ADDRESS 5 Public Square Hagerstown, Md. DATE SIGNED June 22, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6-22-1950
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG.: June 22, 1950
REGISTRAR'S SIGNATURE: Chas. H. Rowers

24. FUNERAL DIRECTOR: C.M. Suter & Sons, Hagerstown, Md. ADDRESS

2-0-6-18-0-20-2-29-1

RECEIVED
JUN 26 1950
BUREAU V. S.

06559

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 44 Water St.,

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Helen Mae Browning

4. DATE OF DEATH (Month) (Day) (Year) June 24, 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 24, 1888
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Billmeyer
14. MOTHER'S MAIDEN NAME Emma Rote

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Banning B. Browning, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
153x	Immediate cause	(a) Pulmonary Infarction Bronchopneumonia - Terminal	4 days
46 e	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Intestinal Obstruction due to Diverticulosis & Diverticulitis - Large bowel	10 days
		(c) Carcinoma - Sigmoid	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 6 mo ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 13, 1950, to June 24, 1950, that I last saw the deceased alive on June 24, 1950, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Philip J. Higleman M.D. ADDRESS Hagerstown Md DATE SIGNED 6/26/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 27, 1950
NAME OF CEMETERY OR CREMATORY Rest Haven Cemtery
LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REG. June 26, 1950
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR ADDRESS Adrian H. Rowland, Clear Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 28 1950
BUREAU

Evidence for change of age shown on:

06560

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 126 JUN 26 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
LENGTH OF STAY (in this place) 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 30 Greenville Street

3. NAME OF DECEASED (Type or Print) (First) Eliza (Middle) (Last) Carroll

4. DATE OF DEATH (Month) June (Day) 16 (Year) 1950

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 15 1876
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hopes Chapel, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles ~~Randall~~ Brown
14. MOTHER'S MAIDEN NAME Caroline Randall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Generalized Arteriosclerosis	15 yrs.
450.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
97	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gangrene Plantar Surface Right Foot

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May 25, 1950, to June 16, 1950, that I last saw the deceased alive on June 16, 1950, and that death occurred at 4:26 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William B. Birch M.D. ADDRESS Ritchie State Hosp. Cascade Md DATE SIGNED 6/16/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 21, 1950, NAME OF CEMETERY OR CREMATORY Hopes Chapel
LOCATION (City, town, or county) Edgewater, (State) Md.

DATE REC'D BY LOCAL REG. June 20, 1950
REGISTRAR'S SIGNATURE John R. Cockran
24. FUNERAL DIRECTOR William Reese, ADDRESS 108 Washington St. Annapolis, Md.

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
JUN 22 1950
U. S. BUREAU

06561

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 5 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 1009 Salem Ave.,

3. NAME OF DECEASED (Type or Print) (First) Edna (Middle) May (Last) Cromer
4. DATE OF DEATH (Month) June (Day) 12 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH July 16, 1895
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Receptionist
10b. KIND OF BUSINESS OR INDUSTRY Physians Office
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Joseph L. Runyans
14. MOTHER'S MAIDEN NAME Ethel Gordon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214/09/0281
17. INFORMANT J.L.Doffle Hyer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute barbituate poisoning.

970.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

163B (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ---- m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells, M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS 115 N. Potomac St. Hagerstown, Md. DATE SIGNED 6/14/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 16, 1950
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REG. June 16. 1950
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Fred W. Kraiss, Hagerstown, Md. ADDRESS

26692

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 19 1950
BUREAU W. A.

06562

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Middletown
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) Grove (Last) Crone
4. DATE OF DEATH: (Month) 6 (Day) 2 (Year) 1950
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 6-12-1874
9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farm owner
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): Perciville, Va
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Samuel C. Crone
14. MOTHER'S MAIDEN NAME: Clantha Grove
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mrs. Annie Crone, Middletown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	2 wks
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr Glomerulo-Nephritis	2
	(c) arterio Sclerosis	2

450.0 46d

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.: adeno Carcinoma of Rectum

19a. DATE OF OPERATION: 1/6/50
19b. MAJOR FINDINGS OF OPERATION: adeno Carcinoma of Rectum c̄ metastasis
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/22, 1950 to 6/2, 1950, that I last saw the deceased alive on 6/2, 1950, and that death occurred at 1:05 P m., from the causes and on the date stated above.

SIGNATURE: G.H. Binkley — (Degree or title): M.D. — ADDRESS: Hagerstown, Md — DATE SIGNED: 6/3/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 6-5-1950 — NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery — LOCATION (City, town, or county) (State): Middletown, Md.

DATE REC'D BY LOCAL REG: June 3, 1950 — REGISTRAR'S SIGNATURE: Chas H Bowers — 24. FUNERAL DIRECTOR: Gladhill Co., Middletown, Md. — ADDRESS:

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 6 1950
BUREAU Y. S.

06563

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

M

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 2 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cavetown
STREET ADDRESS (If rural, give location) No address

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) Emory (Last) Doyle
4. DATE OF DEATH (Month) June (Day) 17 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 2-8-1893
9. AGE last birthday 57 yrs. If under 1 year Months 4 Days 9 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist
10b. KIND OF BUSINESS OR INDUSTRY Foltz Mfg.
11. BIRTHPLACE (State or foreign country) Cavetown, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jacob Doyle
14. MOTHER'S MAIDEN NAME Anna Oden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Frank E. Doyle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
	Immediate cause	(a) Cerebral hemorrhage	16 hours
331X	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Essential Vascular Hypertension	3 years
830		(c) Arteriosclerosis - general	3 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 9, 1948, to June 17, 1950, that I last saw the deceased alive on June 17, 1950, and that death occurred at 2:25 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R Nouvent MD ADDRESS 119 E Antietam St Hagerstown DATE SIGNED Md. 6/19/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-20-1950
NAME OF CEMETERY OR CREMATORY Smithsburg Cemetery
LOCATION (City, town, or county) (State) Smithsburg, Maryland

DATE REC'D BY LOCAL REG. June 20, 1950
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR ADDRESS ~~C. M. Suter & Sons~~ William H Downey, Hagerstown, Md.

32699

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 22 1950
BUREAU V. S.

06564

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH · COUNTY: WASHINGTON MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: MARYLAND COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN — LENGTH OF STAY (in this place): 1 WEEK	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL
HOSPITAL OR INSTITUTION OR STREET ADDRESS: WASHINGTON COUNTY HOSPITAL	STREET ADDRESS (If rural, give location): STATE LINE

3. NAME OF DECEASED (Type or Print)	(First) FANNIE	(Middle) S.	(Last) EBY	4. DATE OF DEATH	(Month) JUN (Day) 25 (Year) 1950
5. SEX: FEMALE	6. COLOR OR RACE: WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED	8. DATE OF BIRTH: NOV. 14, 1884	9. AGE last birthday: 65 yrs.	If under 1 year: Months. Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY: HOME	11. BIRTHPLACE (State or foreign country): MARYLAND	12. CITIZEN OF WHAT COUNTRY? USA.		
13. FATHER'S NAME: HENRY EBERSOLE	14. MOTHER'S MAIDEN NAME: MARY STRITE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service)	16. SOCIAL SECURITY No.: NONE	17. INFORMANT AND ADDRESS: C. R. EBY, STATE LINE, MD.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
561.2 Immediate cause	(a) Cerebral Haemorrhage	3 days
Antecedent cause(s)		
122a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension Cardiovascular-renal disease	9 years certain
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus (Mild)	7-8 yrs (?)

19a. DATE OF OPERATION: Jun 18, 1950	19b. MAJOR FINDINGS OF OPERATION: Strangulated umbilical hernia	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jun 18, 1950, to Jun 25, 1950, that I last saw the deceased alive on Jun 25, 1950, and that death occurred at 12 of Moon P.S.T. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. J. Layman, M.D.		5 Public Square Hagerstown, Md	Jun 26, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	JUN. 28, 1950	REISS CEMETERY	WASHINGTON CO. MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 26 1950	Chas H Towers	W. T. NORMENT	HAGERSTOWN, MD.

260x

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JUN 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06565

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 418 N. Locust Street

3. NAME OF DECEASED (Type or Print): (First) Irma (Middle) C. (Last) Ensminger

4. DATE OF DEATH: (Month) June (Day) 5, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: March 2, 1888

9. AGE last birthday: 62 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Saylor

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Walter E. Ensminger Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Adenocarcinoma of left ovary with diffuse — 6 Mos.

175X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 49a (b) metastasis to peritoneum

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb. 13, 1950

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of left ovary with diffuse metastasis to peritoneum

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1949, to June 5, 1950 that I last saw the deceased alive on June 5, 1950, and that death occurred at 10:10 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. H. Campbell 145 W. Washington St., Hagerstown, Md. June 5, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF June 7, 1950

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REG. June 7, 1950

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS: Fred W. Kraiss Hagerstown, Md.

RECEIVED
JUN 9 1950
BUREAU W. &

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06566

FILM No. G 126 JUN 21 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 31 E. Irvin Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 31 E. Irvin Ave.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Emmert (Last) Fox

4. DATE OF DEATH (Month) 6 (Day) 10 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Sept 21st 1907
9. AGE last birthday 42 yrs. If under 1 year: Months 8, Days 9; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher
10b. KIND OF BUSINESS OR INDUSTRY Public School
11. BIRTHPLACE (State or foreign country) Washington Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Emmert K. Toms
14. MOTHER'S MAIDEN NAME Daisy Rowland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Orville D. Fox

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma, breast — INTERVAL BETWEEN ONSET AND DEATH 14 mo#

170 x Antecedent cause(s) —

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION March 1949
19b. MAJOR FINDINGS OF OPERATION Ca of breast
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949, to present, 19....., that I last saw the deceased alive on 6-7, 1950 and that death occurred at 5:00A m., from the causes and on the date stated above.

SIGNATURE Robert F. Keadle (Degree or title) M.D. ADDRESS ROBERT F. KEADLE 132 W. WASHINGTON ST. HAGERSTOWN, MARYLAND DATE SIGNED 6-10-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6/12/50
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) Hagerstown (State) Md

DATE REC'D BY LOCAL REG. June 10, 1950
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Rest Haven Funeral Chapel, Inc. ADDRESS Hagerstown Md.

V3491

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1950 6 10
1908 9 21

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06567

CERTIFICATE OF DEATH

Reg. Dist. No. 361

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport; LENGTH OF STAY (In this place) 69 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 28 W. Potomac Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.
STREET ADDRESS (If rural give location) 28 W. Potomac Street

3. NAME OF DECEASED (Type or Print): (First) Michael (Middle) Ford (Last) Gower
4. DATE OF DEATH: (Month) June (Day) 6 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 27 1880
9. AGE last birthday: 69 yrs. If under 1 year: Months 11 Days 9 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner Feed & Grain Store
10b. KIND OF BUSINESS OR INDUSTRY: Feed & Grain
11. BIRTHPLACE (State or foreign country): Williamsport Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Gower
14. MOTHER'S MAIDEN NAME: Emma Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 717-09-0035
17. INFORMANT: William L. Gower (Son) Williamsport

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Acute Coronary Occlusion — Interval Between Onset and Death: Very short

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

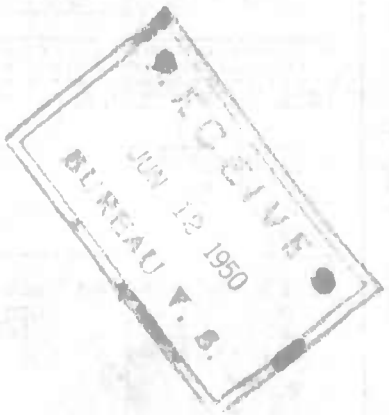
22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased ~~alive~~ dead on June 6, 1950, and that death occurred at 5:30 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS Williamsport Md. DATE SIGNED June 7, 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: June 8 1950
NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery
LOCATION (City, town, or county) (State): Williamsport Md.

DATE REC'D BY LOCAL REG.: June 8-1950
REGISTRAR'S SIGNATURE: E Lee McElroy
24. FUNERAL DIRECTOR: Albert L. Leaf
ADDRESS: Williamsport Md.

15660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JUN 12 1950
BUREAU U. S.

06568

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 10 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Virginia COUNTY Jefferson
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Grove
STREET ADDRESS (If rural, give location) R.F.D.#2, Harpers Ferry, W.Va.

3. NAME OF DECEASED (Type or Print) (First) Dearl (Middle) Armistead (Last) Grove, Sr.

4. DATE OF DEATH (Month) June (Day) 5 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH Nov.15,1897
9. AGE last birthday 52 yrs. If under 1 year Months 6 Days 21 If under 24 hrs. Hours Min.

10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blaster
10b. KIND OF BUSINESS OR INDUSTRY Limestone Quarry
11. BIRTHPLACE (State or foreign country) Jefferson County, W.Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Reason Franklin Grove
14. MOTHER'S MAIDEN NAME Mary Elizabeth Piper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 236-03-0849
17. INFORMANT Mr. Dearl A Grove, Jr. R.F.D.#2, Harpers Ferry, West Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
	Immediate cause	(a) Coronary Occlusion	4 hrs.
541.1	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Peptic ulcer	?
117a		(c) Intestinal Obstruction follow operation for Peptic ulcer	2 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19e. DATE OF OPERATION 4/10/50 4/21/50
19b. MAJOR FINDINGS OF OPERATION Peptic ulcer - Intestinal Obstruction
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 25th, 1950 to June 5th, 1950, that I last saw the deceased alive on June 5th, 1950, and that death occurred at 7 05 P m., from the causes and on the date stated above.

SIGNATURE Philip J Wideman (Degree or title) MD ADDRESS Hagerstown Md DATE SIGNED 6/6/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/9/50
NAME OF CEMETERY OR CREMATORY Silver Grove Cemetery
LOCATION (City, town, or county) (State) Jefferson County, W.Va.

DATE REC'D BY LOCAL REG. June 9. 1950
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Melvin T. Snider ADDRESS Charles Town West Va

49624

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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06569

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; MARYLAND; LENGTH OF STAY (in this place) 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 19 West Baltimore St.,

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) M. (Last) Grove

4. DATE OF DEATH: (Month) June (Day) 9 (Year) 19 50

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 3-17-1892

9. AGE last birthday: 58 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Silk Weaver

10b. KIND OF BUSINESS OR INDUSTRY: Ribbon Factory

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Fred M. Grove

14. MOTHER'S MAIDEN NAME: Jane Heaslip

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-09-6792

17. INFORMANT: John A. McCann, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage into brain tissue — 50 hrs

353.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Traumatic fall & struck head during epileptic convulsions

186a (c) Left frontal brain tumor (xray diagnosis) — 9

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Brain operation about 1933

19a. DATE OF OPERATION June 7 50; 19b. MAJOR FINDINGS OF OPERATION suturing laceration of forehead; 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home (CITY OR TOWN) 19 W. Balto. St; Hagerstown (COUNTY) Wash. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) June 7 '50 2:30 P.M. INJURY OCCURRED While at work ☐ Not while at work ☑ HOW DID INJURY OCCUR? Fell during Epileptic Attack - Struck head

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAMINER WASH. CO., MD. ADDRESS 115 N. Potomac Hagerstown, Md. DATE SIGNED 6/10/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF June 12, 1950; NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery; LOCATION (City, town, or county) Hagerstown, Maryland (State)

DATE REC'D BY LOCAL REG. 6-12-50; REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Fred W. Kraiss, Hagerstown, Md. ADDRESS

pm-g.

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VS. A15A

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06570

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Middleburg Pike

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 1 Market Place

3. NAME OF DECEASED (Type or Print) (First) Samuel (Middle) Wayne (Last) Hottle

4. DATE OF DEATH (Month) June (Day) 24 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH May 28, 1950

9. AGE last birthday yrs. If under 1 year Months Days 27 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Clarence Samuel Hottle

14. MOTHER'S MAIDEN NAME Mildred L. Wattzel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Clarence S. Hottle, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broncho-Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 48 hours.

759.3

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Congenital mal-development of abdominal

157m

(c) muscles, club. feet. mal development of genitals

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. X

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) 0

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/28, 1950, to June 24, 1950, that I last saw the deceased alive on 6/24, 1950, and that death occurred at 6:57 PM m. from the causes and on the date stated above.

SIGNATURE B. B. Kneisley MD (Degree or title) ADDRESS 148 W. Wash St. Hagerstown Md. DATE SIGNED 6-26-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF June 26, 1950

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REG. June 26, 1950

REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR ADDRESS Fred W. Kraiss, Hagerstown, Md.

2-0-5-28-0-18-1-40-5

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

M

C

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 6 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 620 N. Mulberry

3. NAME OF DECEASED (Type or Print) (First) Stephen (Middle) P (Last) Kelly

4. DATE OF DEATH (Month) June (Day) 25 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH June 25, 1950
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 8 A Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John R. Kelly
14. MOTHER'S MAIDEN NAME Elizabeth . Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. ------
17. INFORMANT AND ADDRESS Mr. J.R.Kelly

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

776x Immediate cause (a) Prematurity (28 weeks)

159 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION my
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) my
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 June, 1950, to 25 June, 1950, that I last saw the deceased alive on 25 June, 1950, and that death occurred at 3:55 pm m., from the causes and on the date stated above.

SIGNATURE F F Lusby (Degree or title) 2 301 Potomac ADDRESS Hagerstown DATE SIGNED 26 Jun 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 26, 1950
NAME OF CEMETERY OR ~~CREMATORY~~ Cedar Hill
LOCATION (City, town, or county) (State) Greencastle Penn.

DATE REC'D BY LOCAL REG. June 26 1950
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

2-06-25-0-24-2-30-1

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JUN 28 1960
BUREAU V. S.

06572

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN San Mar
LENGTH OF STAY (in this place) 5 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fahrney Memorial Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
STREET ADDRESS (If rural, give location) S. Main St.

3. NAME OF DECEASED (Type or Print) (First) Catherine (Middle) (Last) Keys.

4. DATE OF DEATH (Month) June (Day) 26 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH March 5-1867
9. AGE last birthday 83-3-21 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Prince William Co. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Mayhue
14. MOTHER'S MAIDEN NAME Isabel Fair

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None.
17. INFORMANT AND ADDRESS Mrs. Olin Snyder Boonsboro Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	16 hours
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterial Hypertension	1 yr 3 mos 4 days
83a	(c) Arterio-sclerosis	" " "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nervousness " " "

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 22, 1949, to June 26, 1950, that I last saw the deceased alive on June 25, 1950, and that death occurred at 4:15 a.m., from the causes and on the date stated above.

SIGNATURE Herbert Frade (Degree or title) M.D. ADDRESS Boonsboro Md. DATE SIGNED 6/26/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 28, 1950
NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery
LOCATION (City, town, or county) (State) Boonsboro Wash. Co. Md.

DATE REC'D BY LOCAL REG. June 28, 1950
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR Wm. F. Bast & Sons ADDRESS Boonsboro Md.

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.
JUN 30 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr Keadle

06573

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 10 Mos; HOSPITAL OR INSTITUTION OR STREET ADDRESS 619 Washington Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 619 Washington Ave

3. NAME OF DECEASED (Type or Print): (First) LENORA (Middle) ELIZABETH (Last) KUHLMAN

4. DATE OF DEATH: (Mooth) June (Day) 27 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Feby 4 1882

9. AGE last birthday: 68 yrs. If under 1 year: Mooths. Days. If under 24 hrs.: Hours. Mio.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): St James Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Rowland

14. MOTHER'S MAIDEN NAME: Ellen Mongan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or uoknown): No (If year, give war or dates of service): ——

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Edward W. Kuhlman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia	1wk.
Antecedent cause(s)	(b) Cardiac decompensation and malnutrition	10 day.
Diseases or conditions, if any, giving rise to the above cause statiog the underlying cause last	(c) Carcinoma of breast, with hepatic metastasis	8 mo.? 1 yr.?

170x 50

II. OTHER SIGNIFICANT CONDITIONS
Conditions cootributing to the death but oot related to the disease or condition causing death.

19a. DATE OF OPERATION: July 1949; 19b. MAJOR FINDINGS OF OPERATION: Carcinoma of rt breast.

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1949, to 6-27, 1950, that I last saw the deceased alive on 6-26, 1950, and that death occurred at 9:25 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert F. Keadle MD; ADDRESS: ROBERT F. KEADLE 132 W. WASHINGTON ST. HAGERSTOWN, MARYLAND; DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE: 6/29/50; NAME OF CEMETERY OR CREMATORY (City, town, or couoty) (State): Rose Hill Cemetery Hagerstown Wash. Co. Md

DATE REC'D BY LOCAL REG.: June 29. 1950; REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR; ADDRESS: Andrew K. Coffman Hagerstown Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ~~216~~ 306

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cascade — LENGTH OF STAY (in this place): 2yrs. 2mos. 4days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ritchie State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington
STREET ADDRESS (If rural, give location): Decatur

3. NAME OF DECEASED (Type or Print) (First): Mamie (Middle): Elizabeth (Last): Kuster
4. DATE OF DEATH (Month): June (Day): 25 (Year): 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 24, 1871
9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Washington Hurdle
14. MOTHER'S MAIDEN NAME: Florida Higgins Knowles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Hosp. Records, Ritchie State Hosp. Cascade Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — 16 yrs.

420.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Kyphosis, Emphysema

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 12, 1950, to June 25, 1950, that I last saw the deceased alive on June 25, 1950, and that death occurred at 12 55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
William B. Birch M.D. - Ritchie State Hospital, Cascade Md June 25, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: June 27, 1950 — NAME OF CEMETERY OR CREMATORY: Rockville Union — LOCATION (City, town, or county) (State): Rockville, Maryland

DATE REC'D BY LOCAL REG.: 6-26-50 — REGISTRAR'S SIGNATURE: Helen Kurrack — 24. FUNERAL DIRECTOR: Robert A. Pumphrey — ADDRESS: Bethesda, Md.

Mr. John R. Cochran

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUN 29 1960
BUREAU V. S.

06575

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
MARYLAND
LENGTH OF STAY (in this place): 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 621 Union Place

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 621 Union Place

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Howard (Last) Mann

4. DATE OF DEATH: (Month) June (Day) 22 (Year) 50

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 29, 1875

9. AGE last birthday: 74 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer--Retired

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jobe H. Mann

14. MOTHER'S MAIDEN NAME: Mary Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs. William H. Mann, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — Interval Between Onset and Death: 2 wks

443 X Antecedent cause(s)

934 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Cardio Vascular Disease — 5 Yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1-50, 19..., to 6-22-50, 19..., that I last saw the deceased alive on 6/22/50, 19..., and that death occurred at 9:45 A m., from the causes and on the date stated above.

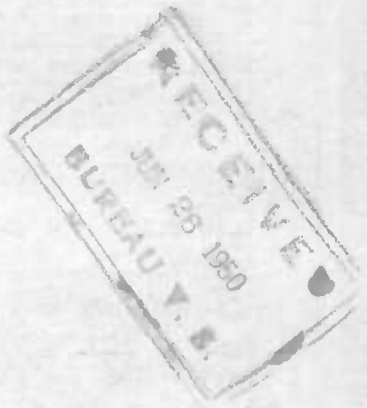
SIGNATURE: Glenn Gruber (Degree or title) MD ADDRESS: Hagerstown Md DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: June 26, 1950
NAME OF CEMETERY OR CREMATORY: Green Hill Cemetery
LOCATION (City, town, or county) (State): Waynesboro, Pa.

DATE REC'D BY LOCAL REG.: June 23, 1950
REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR ADDRESS: Walter Y. Grove, Waynesboro, Pa.

OOOW


RECEIVED
JUN 26 1950
BUREAU Y. S.

06576

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beaver Creek (Rural) | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hagerstown Md. R. 1.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beaver Creek (Rural)
STREET ADDRESS (If rural, give location) Hagerstown Md. R. 1.

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Kate (Last) McCauley
4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: August 6. 1862
9. AGE last birthday: 87-9-29 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home.
11. BIRTHPLACE (State or foreign country): Beaver Creek Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Bowers
14. MOTHER'S MAIDEN NAME: Sallie Herman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: none.
17. INFORMANT AND ADDRESS: Mrs. B. Frank Newcomer Hagerstown Md. R. 1.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial infarction due to arterio-sclerotic coronary thrombosis — 3 days

260X
61
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitus — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1950, to June 5, 1950, that I last saw the deceased alive on June 4, 1950, and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE: R. S. Stauffer | (Degree or title) M.D. | ADDRESS Hagerstown Md | DATE SIGNED June 6, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF June 7. 1950 | NAME OF CEMETERY OR CREMATORY Dunkatown Center | LOCATION (City, town, or county) (State): Dunkatown Wash. Co. Md.

DATE REC'D BY LOCAL REG. June 7. 1950 | REGISTRAR'S SIGNATURE John H. Bast | 24. FUNERAL DIRECTOR: Wm. J. Bast & Sons | ADDRESS Boonsboro Md

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JUN 9 1950
BUREAU OF

06577

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS, A15

1. PLACE OF DEATH
COUNTY: WASHINGTON
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN
LENGTH OF STAY (in this place): 35 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 111 E. LEE STREET

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN
STREET ADDRESS (If rural, give location): 111 E. LEE STREET

3. NAME OF DECEASED (Type or Print): (First) JESSE (Middle) VERNON (Last) METZ

4. DATE OF DEATH: (Month) JUNE (Day) 5 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE

8. DATE OF BIRTH: JUNE 26, 1902

9. AGE last birthday: 47 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERICAL WORKER

10b. KIND OF BUSINESS OR INDUSTRY: SHEET METAL WKS.

11. BIRTHPLACE (State or foreign country): BALTIMORE MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JESSE ALLEN METZ

14. MOTHER'S MAIDEN NAME: MARY EMMA FARROW

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)

16. SOCIAL SECURITY No.: 214-09-0186

17. INFORMANT AND ADDRESS: MR. JOSEPH F. METZ HAGERSTOWN, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

142,1

Immediate cause (a) Cancer Parotid (left) — Interval between onset and death: 1 Year.

Antecedent cause(s)

55e

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastesis to brain. — 1 week.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, 19..., to 6.5.50, 19..., that I last saw the deceased alive on 6.4.50, 19..., and that death occurred at 4.00A. m., from the causes and on the date stated above.

SIGNATURE: Stanley Jr MD (Degree or title) ADDRESS: 148 N. Potomac St. Hagerstown, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE: 6/8/50 | NAME OF CEMETERY OR CREMATORY: Rest Haven Cem. | LOCATION (City, town, or county) (State): Hagerstown md.

DATE REC'D BY LOCAL REG. June 6, 1950 | REGISTRAR'S SIGNATURE: Elsie H Bowers

24. FUNERAL DIRECTOR: W. T. NORMENT ADDRESS: HAGERSTOWN, MD.

26638

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JUN 8 1950
BUREAU V. S.

~~127~~ 102

06578

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Clear Spring, Md. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Residence St. Paul's Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Clear Spring, Md.
STREET ADDRESS (If rural give location) St. Paul's Road

3. NAME OF DECEASED (Type or Print) (First) Female (Middle) Child of Wayne H. Miller (Last) (Twin)

4. DATE OF DEATH (Month) June (Day) 2, (Year) 1950

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH 6-2-50 | 9. AGE last birthday ------ yrs. If under 1 year Months Days If under 24 hrs. Hours Min. 3 min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None Infant | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Wayne H. Miller | 14. MOTHER'S MAIDEN NAME Betty Jane Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Wayne H. Miller- Clear Spring, Md. R D 1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Premature Birth (6 months)

776X Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cause unknown Lived 3 minutes

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1950, to June 2, 1950, that I last saw the deceased alive on June 2, 1950, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE David R. Brewer (Degree or title) M.D. ADDRESS Clear Spring Md. DATE SIGNED 6/3/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE June 3, 1950 | NAME OF CEMETERY OR CREMATORY Pleasant Walk Cem. | LOCATION (City, town, or county) Frederick Co. (State) Md.

DATE REC'D BY LOCAL REG. June 3-50 | REGISTRAR'S SIGNATURE Joseph W. Murray | 24. FUNERAL DIRECTOR Adrian H. Rowland- Clear Spring, Md. ADDRESS

1-1-6-02-0-22-7-27-V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 6 1950
BUREAU T.S.

~~108~~ 103

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

116579

Reg. Dist. No. 303

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Clear Spring, Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Residence- St. Paul's Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Clear Spring, Md.
STREET ADDRESS (If rural give location) St. Paul's Road

3. NAME OF DECEASED (Type or Print): (First) Marvin (Middle) Joseph (Last) Male Child of Wayne H. Miller (Twin 2)

4. DATE OF DEATH: (Month) June (Day) 2, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6-2-50

9. AGE last birthday: ----- yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min. 3 min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None Infant

10b. KIND OF BUSINESS OR INDUSTRY: -----

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wayne H. Miller

14. MOTHER'S MAIDEN NAME: Betty Jane Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Wayne H. Miller- Clear Spring, Md. R 1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Premature Birth (6 months)

776 X Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cause unknown

(c) Lived- 3 minutes

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1950, to June 2, 1950, that I last saw the deceased alive on June 2, 1950, and that death occurred at 9 P.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
David R. Brewer M.D. Clear Spring Md. 6/3/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE June 3, 1950
NAME OF CEMETERY OR CREMATORY Pleasant Walk Cem.
LOCATION (City, town, or county) (State) Frederick Co. Md.

DATE REC'D BY LOCAL REG. June 3/50
REGISTRAR'S SIGNATURE Joseph W. Murray

24. FUNERAL DIRECTOR ADDRESS
Adrian H. Rowland Clear Spring, Md.

1-1-6-02-0-22 8-27-V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 6 1950
BUREAU OF

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06580

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH- COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Big Spring — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Big Spring, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Residence (Boyd Road)	STREET ADDRESS (If rural give location) Rural Boyd Road

3. NAME OF DECEASED (Type or Print) (First) David (Middle) Elmer Mills (Last)			4. DATE OF DEATH (Month) June (Day) 20 (Year) 1950 19		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Jan. 1, 1867	9. AGE last birthday 83 yrs.	If under 1 year Months / Days / If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming Tenant.		10b. KIND OF BUSINESS OR INDUSTRY Agr.	11. BIRTHPLACE (State or foreign country) Wash. Co., Md.		12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Robert Mills			14. MOTHER'S MAIDEN NAME Mahalie Firlong		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT Elmer F. Mills- Indian Spring, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	4 days.
420.1 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis -	10 years.
	(c) Cerebral Hemorrhage (slight)	6 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1950, to June 20, 1950, that I last saw the deceased alive on June 20, 1950, and that death occurred at 2 a. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
David R. Brewer	M.D.	Clear Spring Md.	6/20/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE June 23 50	NAME OF CEMETERY OR CREMATORY St. Peter's Lutheran	LOCATION (City, town, or county) (State) Clear Spring, Md.
DATE REC'D BY LOCAL REG. June 22 1950	REGISTRAR'S SIGNATURE Joseph W. Murray	24. FUNERAL DIRECTOR Adrian H. Rowland	ADDRESS

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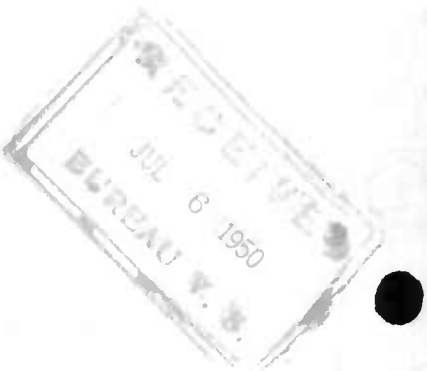
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15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JUL 6 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06581

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beaver Creek Rural. — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hagerstown Md. R. 1.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beaver Creek (Rural)
STREET ADDRESS (If rural, give location) Hagerstown Md. R. 1.

3. NAME OF DECEASED (Type or Print): (First) Everett (Middle) Franklin (Last) Needy

4. DATE OF DEATH: (Month) June (Day) 28 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: November 6-1877

9. AGE last birthday: 72-7-22 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Dairy Farm

11. BIRTHPLACE (State or foreign country): White Hall Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Needy

14. MOTHER'S MAIDEN NAME: Mary Catherine Griffith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No! (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Nina Needy Hagerstown Md. R1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic cardio vascular disease with myocardial failure — Interval between onset and death: 10 yrs +

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetis Mellitus — 1 yr

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 May, 1950, to 28 June, 1950 that I last saw the deceased alive on 27 June, 1950, and that death occurred at 12.30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) F. F. Lusby — ADDRESS 23 W Potomac — DATE SIGNED 29 June 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF June 30. 1950 — NAME OF CEMETERY OR CREMATORY: Boonsboro Cemetery — LOCATION (City, town, or county) (State): Boonsboro Wash. Co. Md.

DATE REC'D BY LOCAL REG. June 28. 1950 — REGISTRAR'S SIGNATURE Ethel H Bowers — 24. FUNERAL DIRECTOR ADDRESS: Wm. J. Bast & Sons Boonsboro Md

0230

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

In. Fuby 23 W. Potomac St M

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RECEIVED
JUN 30 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06582

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beaver Creek Rural — LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hagerstown Md. R.1.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beaver Creek. Rural
STREET ADDRESS (If rural, give location) Hagerstown Md. R.1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lela	May	Needy	June 15 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Single	Feb. 9. 1905	45-4-6 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	At Home	Boonsboro Wash. Co. Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Everett J. Needy	Nina Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None.	Everett J. Needy Hagerstown Md. R.1.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertension Cardio Vascular Renal Disease — 2 yr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitis — 6 mo

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 20 May, 1950, to 15 June, 1950, that I last saw the deceased alive on 14 June, 1950, and that death occurred at 330 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title) ADDRESS	DATE SIGNED
F. F. Lusby	2 Sherman	16 June 50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 17. 1950	Boonsboro Cemetery	Boonsboro Wash. Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 16 1950	Chas. H. Bowers	Wm. J. Bast & Sons	Boonsboro Md.

VS. A15

RECEIVED
JUN 19 1950
BUREAU V. S.

06583

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

260X

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VS. A15

T

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro Md.
LENGTH OF STAY (in this place) 9 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Farneys Memorial Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairplay Md.
STREET ADDRESS (If rural, give location) Fairplay Md.

3. NAME OF DECEASED (Type or Print) (First) Ann (Middle) Catherine (Last) Nichols

4. DATE OF DEATH (Month) June (Day) 26 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH April 10 1870
9. AGE last birthday 80 yrs. If under 1 year Months 2 Days 13 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Chapel Woods near Hagerstown
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Poffenbarger
14. MOTHER'S MAIDEN NAME First name unknown Schamel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT Mr. C. Chester Nichols Wash. D. C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cancer of uterus —	2 yrs
174X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 48b	(b) Diabetes Mellitus —	10 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 20, 1950, to June 26, 1950, that I last saw the deceased alive on June 26, 1950, and that death occurred at 12 noon m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 6/27/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 28 1950
NAME OF CEMETERY OR CREMATORY Manor Cemetery
LOCATION (City, town, or county) (State) Near Tilghamnton Md.

DATE REC'D BY LOCAL REG. June 28. 1950
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR Edith V. Leaf ADDRESS Williamsport Md.

JUN 30 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06584

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place) 35 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 307 N. Jonathan

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 307 N. Jonathan Street

3. NAME OF DECEASED (Type or Print): (First) SALLIE (Middle) N.M.N. (Last) PERRY
4. DATE OF DEATH: (Month) 6 (Day) 23 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7/10/1910
9. AGE last birthday: 39 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Knoxville, Md.
12. CITIZEN OF WHAT COUNTRY? U.S
13. FATHER'S NAME: George Hellems
14. MOTHER'S MAIDEN NAME: Sally Getfords
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Flora Roade - 307 N. Jonathan St.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002x

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: ?

Antecedent cause(s)

13b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) acute Miliary Tuberculosis — 14 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 31, 1949, to June 23, 1950, that I last saw the deceased alive on June 10, 1950, and that death occurred at 1:00 A.M. E.D.T., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. Robert Wells M.D.
ADDRESS 115 N. Potomac Hagerstown, Md.
DATE SIGNED 6/23/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 6/26/1950
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG.: June 26, 1950
REGISTRAR'S SIGNATURE: Elliott Hoover
24. FUNERAL DIRECTOR: William H Downey
ADDRESS: 291 Fruit st Hagerstown

VS. A-15

RECEIVED
JUN 28 1950
BUREAU T. S.

06585

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH · COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Cearfoss — LENGTH OF STAY (in this place) 46 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Cearfoss
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hagerstown Route 4	STREET ADDRESS (If rural, give location) Hagerstown Route 4

3. NAME OF DECEASED (Type or Print)	(First) Harry	(Middle) T. S.	(Last) Pittinger	4. DATE OF DEATH (Month) June 6, (Day) (Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Feb. 22, 1869	9. AGE last birthday 81 yrs. — If under 1 year Months / Days — If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME David Pittinger		14. MOTHER'S MAIDEN NAME Mary Spickler		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Lillian B. Pittinger-Hagerstown Rt.4		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause → (a) Arteriosclerotic Cardio-vascular-renal disease — 15 yrs.

420.1 Antecedent cause(s) → (b) With coronary thrombosis

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1, 1946, to 6/6, 1950, that I last saw the deceased alive on 6/3, 1950, and that death occurred at 1:20 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M.D.	Greencastle, Pa.	6/7/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF June 8, 1950	NAME OF CEMETERY OR CREMATORY Broadfording Cemetery	LOCATION (City, town, or county) (State) Broadfording, Maryland
DATE REC'D BY LOCAL REG. June 7, 1950	REGISTRAR'S SIGNATURE Chas. H. Bowers	24. FUNERAL DIRECTOR Fred W. Kraiss	ADDRESS Hagerstown, Md.

000W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 9 1950
BUREAU T. S.

06586

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Md. | LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg Md.
STREET ADDRESS (If rural give location) Sharpsburg Md.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Mc Celland (Last) Renner
4. DATE OF DEATH: (Month) June (Day) 7 (Year) 1950 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 3 1869
9. AGE last birthday: 80 yrs yrs. | If under 1 year: Months 8 Days 5 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor Church
10b. KIND OF BUSINESS OR INDUSTRY: Church
11. BIRTHPLACE (State or foreign country): Sharpsburg Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Renner
14. MOTHER'S MAIDEN NAME: Alice Bowers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.: None
17. INFORMANT: Ann McKelvey Renner (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary heart disease - Thrombosis (?) — Interval Between Onset and Death: 24 Hrs

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertensive arteriosclerotic cardio-vascular disease. — 5 Yrs
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute appendicitis - not operated — 1 week

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/31/ 19 50, to 6/7/50, 19....., that I last saw the deceased alive on 6/6/50, 19....., and that death occurred at 9 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Walter H. Shank M.D. Sharpsburg, Md 6/9/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: June 10 1950 | NAME OF CEMETERY OR CREMATORY: Old Methodist Cemetery | LOCATION (City, town, or county) (State): Sharpsburg Md.

DATE REC'D BY LOCAL REG.: June 10, 1950 | REGISTRAR'S SIGNATURE: Chas H Bowers | 24. FUNERAL DIRECTOR: Albert L. Leaf | ADDRESS: Williamsport Md.

74094

RECEIVED
JUN 13 1950
BUREAU V. S.

Evidence for change of age shown on:

FILM No. G 126 JUL 6 - 1950

Dr. Victor Miller 06587

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 2 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 848 Spruce St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 848 Spruce St.

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) HENRY (Last) REYNOLDS

4. DATE OF DEATH (Month) June (Day) 25 (Year) 1950 19

5. SEX Male
6. COLOR OR RACE white.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH Dec 19 1871
9. AGE last birthday ~~77~~ 78 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Patrolman
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Cavetown Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry / Reynolds
14. MOTHER'S MAIDEN NAME Leah Deibert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) --
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS William E. Troup Hagerstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Leukaemia —	(?)
421.4 Antecedent cause(s)	(b) Chronic Endocarditis	10 years
740 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) ✓	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION 0
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) 0
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY 0
0 (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 0 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ 0
HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from June 1, 1950, to June 25, 1950, that I last saw the deceased alive on June 24, 1950, and that death occurred at 48 m., from the causes and on the date stated above.

SIGNATURE Victor D. Miller (Degree or title) DR. VICTOR D. MILLER, 131 W. WASHINGTON ST. HAGERSTOWN, MD.
ADDRESS 131 W. WASHINGTON ST., HAGERSTOWN, MD.
DATE SIGNED 6/26-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6/28/50
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown Wash. Co. (State) Md

DATE REC'D BY LOCAL REG. June 28 1950
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman
ADDRESS Hagerstown Md.

60498

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 30 1950
BUREAU OF

06588

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Burnside Bridge (Rural)
STREET ADDRESS (If rural, give location) Keedysville Md. R. 1.

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Irvin (Last) Ritter
4. DATE OF DEATH (Month) June (Day) 5 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH January 15, 1888
9. AGE last birthday 62-5-20 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) near Waynesboro Frank. Co. Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Ritter
14. MOTHER'S MAIDEN NAME Emma Robison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. None.
17. INFORMANT AND ADDRESS Mrs. John Thomas Silver Spring Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Necrotizing General Peritonitis with

540.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) mesenteric thrombosis. 2 or 3 weeks (?)

117a Due to (c) Perforation of ulcer of lesser curvature

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. of the stomach. (malignancy not determined) 2 or 3 weeks.

19a. DATE OF OPERATION None.
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April May 5, 1950, to June 5, 1950, that I last saw the deceased alive on June 4, 1950, and that death occurred at 7:35 A. m., from the causes and on the date stated above.

SIGNATURE Walter H. Sheaty (Degree or title) M.D. ADDRESS Sharpsburg, Md. DATE SIGNED 6/6/50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 8, 1950
NAME OF CEMETERY OR CREMATORY Green Hill Cemetery
LOCATION (City, town, or county) (State) Waynesboro Franklin Co. Pa.

DATE REC'D BY LOCAL REG. June 6, 1950
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Wm. F. Bast & Sons ADDRESS Boonsboro Md.

000W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

On sheet

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RECEIVED
JUN 8 1950
BUREAU V. S.

99

06589

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 308

M

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clearspring
LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Clearspring

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clearspring
STREET ADDRESS (If rural, give location) Main Street

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) E. (Last) Roach
4. DATE OF DEATH (Month) June (Day) 27 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 9-3-1882
9. AGE last birthday 67 yrs. If under 1 year Months 9 Days 24 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer &Garage Opr.
10b. KIND OF BUSINESS OR INDUSTRY Own business
11. BIRTHPLACE (State or foreign country) Hagerstown, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Roach
14. MOTHER'S MAIDEN NAME Alice V. Rowland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS Mrs. Elizabeth Spillman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 2 hours

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Hemorrhage in 1948

94a (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 27, 1950, to June 27, 1950, that I last saw the deceased alive on ....., 19....., and that death occurred at 2.30 a.m., from the causes and on the date stated above.

SIGNATURE David R. Brewer (Degree or title) M.D. ADDRESS Clear Spring Md DATE SIGNED 6/28/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-29-1950
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown, Maryland (State)

DATE REC'D BY LOCAL REG. June 29-1950
REGISTRAR'S SIGNATURE Joseph W. Murray
24. FUNERAL DIRECTOR C.M. Suter & Sons, Hagerstown, Md. ADDRESS

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUL 6 1990
BUREAU W.R.

06590

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown,
STREET ADDRESS (If rural, give location) 332 N. Jonathan Street.

3. NAME OF DECEASED (Type or Print) (First) Samuel (Middle) Blake (Last) Robinson
4. DATE OF DEATH (Month) June (Day) 16, (Year) 1950

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 3-6-95
9. AGE last birthday 55 yrs. If under 1 year Months 3 Days 10 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butler - Private family
10b. KIND OF BUSINESS OR INDUSTRY Butler
11. BIRTHPLACE (State or foreign country) Hagerstown,
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Charles Robinson
14. MOTHER'S MAIDEN NAME Sarah Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Sarah Robinson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	?
002 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
13 b	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION None.
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 1950, to Jun. 16, 1950, that I last saw the deceased alive on Jun. 16, 1950, and that death occurred at 11:30A.m., from the causes and on the date stated above.

SIGNATURE Ka Bell (Degree or title) M.D. ADDRESS Hagerstown, Maryland. DATE SIGNED June 19, 1950.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/20/50
NAME OF CEMETERY OR CREMATORY Rose Hill
LOCATION (City, town, or county) (State) Hagerstown Maryland

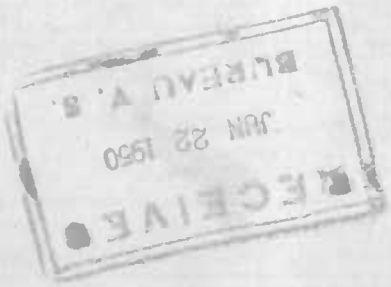
DATE REC'D BY LOCAL REG. June 20 1950
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Wm. H Downey ADDRESS Hagerstown Md

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15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JUN 22 1950
BUREAU V. S.

06591

MARYLAND STATE DEPARTMENT OF HEALTH Dr.

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 28 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 933 Hamilton Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 933 Hamilton Blvd.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Gertrude Middlekauff Roessner
4. DATE OF DEATH (Month) (Day) (Year): June 23 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Nov. 6, 1881
9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Beaver Creek, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph M. Middlekauff
14. MOTHER'S MAIDEN NAME: Anna Horine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): no
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Mrs. Nellie Doub

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of the Cervix with — INTERVAL BETWEEN ONSET AND DEATH: 21 months

171X Antecedent cause(s) (b) Metastases to Pelvis, Liver & Lung &

48a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Rectum.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 27, 1950, to June 23, 1950, that I last saw the deceased alive on June 23, 1950, and that death occurred at 10:20 P.M. m., from the causes and on the date stated above.

SIGNATURE: B. B. Kiersley (Degree or title) MD. — ADDRESS: 148 W. Wash St. Hagerstown Md. — DATE SIGNED: 6/24/50.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 6-25-1950 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG.: June 25, 1950 — REGISTRAR'S SIGNATURE: Chas H. Bowers
24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman, Hagerstown, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 27 1950
BUREAU V. S.

Dr. Ralph Young

06592

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): 1 Week
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Cty. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Boonsboro, R # 1
STREET ADDRESS (If rural, give location): Bakersville, Md.

3. NAME OF DECEASED (Type or Print) (First) Markey (Middle) Owen Rutherford (Last)

4. DATE OF DEATH (Month) June (Day) 6 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec. 2, 1888
9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Refregeration
11. BIRTHPLACE (State or foreign country): Point of Rocks, Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Robert C. Rutherford
14. MOTHER'S MAIDEN NAME: Louise Seelocks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-09-8443
17. INFORMANT AND ADDRESS: Mrs James Osborne Hagerstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

420.1 P4a

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1/50, 19....., to 6/6/50, 19....., that I last saw the deceased alive on 6/6/50, 19....., and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE: R F Young — (Degree or title): M.D. — ADDRESS: Williamsport, Md — DATE SIGNED: 6/7/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 6-10-1950 — NAME OF CEMETERY OR CREMATORY: Bakersville Cemetery — LOCATION (City, town, or county) (State): Bakersville, Md.

DATE REC'D BY LOCAL REG.: June 6 1950 — REGISTRAR'S SIGNATURE: Chas H Towers

24. FUNERAL DIRECTOR: Andrew K. Coffman, Hagerstown, Md. — ADDRESS

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 9 1960
BUREAU U.S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

06593

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown R.F.D. 4
LENGTH OF STAY (in this place): 5 Yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown R.F.D. # 4
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Minnie (Middle) Ann (Last) Ryneal

4. DATE OF DEATH: (Month) June (Day) 13 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 18, 1869

9. AGE last birthday: 81 yrs. If under 1 year: Months 5 Days 21 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cumberland Maryland

12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: A. J. Topper

14. MOTHER'S MAIDEN NAME: Hannah Waldron

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Wallie T. Locke Hag. R.F.D. 4

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Diabetic acidosis	
260X 136 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypostatic pneumonia	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Fractured neck rt. femur Mar. 18, 1950

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-13, 1950 to 6-13, 1950 that I last saw the deceased alive on 6-13, 1950, and that death occurred at 9:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. Robert Wells M.D.

ADDRESS: 115 N. Potomac St. Hagerstown, Md.

DATE SIGNED: 6-14-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6/16/50

NAME OF CEMETERY OR CREMATORY: Rose Hill cemetery

LOCATION (City, town, or county) (State): Cumberland Allegany Md

DATE REC'D BY LOCAL REGISTRAR: June 14 1950

REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR ADDRESS: George Funeral Home Cumberland

RECEIVED
JUN 16 1950
BUREAU F. I.

06594

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 209 W. Bethel St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 209 W. Bethel St.

3. NAME OF DECEASED (Type or Print) (First) Menzie (Middle) Raymond (Last) Saunders
4. DATE OF DEATH (Month) June (Day) 18 (Year) 1950
5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH Apr. 29, 1905
9. AGE last birthday 45 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Westernport, Md.
12. CITIZEN OF WHAT COUNTRY? U S
13. FATHER'S NAME Garfield Saunders
14. MOTHER'S MAIDEN NAME Daisy Preston
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Daisy Burnett 209 W. Bethel

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Died during attack of epileptic convulsions

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

353.3
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322.2

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. alcoholic

19a. DATE OF OPERATION NO
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) NO m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells, MD. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS 115 N. Potomac Hagerstown, Md. DATE SIGNED June 21 '50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/22/1950
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown, (State) Md.
DATE REC'D BY LOCAL REG. June 22 1950
REGISTRAR'S SIGNATURE Chas H Towers
24. FUNERAL DIRECTOR William H Downey ADDRESS 291 Frederick St

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

RECEIVED
JUN 26 1950.
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06595

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 47 East Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 47 East Avenue

3. NAME OF DECEASED (Type or Print): (First) Harry; (Middle) Hager; (Last) Shroder

4. DATE OF DEATH: (Month) June; (Day) 4; (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7-19-1878

9. AGE last birthday: 71 yrs. If under 1 year: Months 10, Days 15; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor

10b. KIND OF BUSINESS OR INDUSTRY: Stone Found.

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sanford Shroder

14. MOTHER'S MAIDEN NAME: Amanda Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO; (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: Mrs. Harry H. Shroder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Cardio Vascular Disease — Interval Between Onset and Death: 10 yrs +

422.1 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) N | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Mar 1950, to 4 June 1950, that I last saw the deceased alive on 3 June 1950, and that death occurred at 11.5 m., from the causes and on the date stated above.

SIGNATURE F F Lusby (Degree or title) ADDRESS 230 N Potomac DATE SIGNED 5 June 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 6-7-1950 | NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery | LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: June 7, 1950 | REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR: C.M. Suter & Sons, Hagerstown, Md. ADDRESS

156V9

Dr. Lusby.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06596

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Trego
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Glenda (Middle) Lou (Last) Sisler

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 26, 1941

9. AGE last birthday: 9 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Sharpsburg, Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles H. Sisler

14. MOTHER'S MAIDEN NAME: Sallie Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr. Charles H. Sisler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592x
124b

Immediate cause (a) Chronic glomerular nephritis with cardiac hypertrophy and dilatation — Interval between onset and death: 2 years

~~Antecedent cause(s)~~ ~~Morbid conditions, if any, giving rise to the above cause, stating the underlying cause last~~ (b)

(c) Cirrhosis of the liver - discovered at autopsy.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/6/50, 19....., to 6/15/50 19....., that I last saw the deceased alive on 6/14/50, 19....., and that death occurred at 1:30 P.m., from the causes and on the date stated above.

SIGNATURE: Walter H. Shealy — (Degree or title): M.D. — ADDRESS: Sharpsburg, Md. — DATE SIGNED: 6/16/50.

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: June 18, 1950 | NAME OF CEMETERY OR CREMATORY: Bakersville | LOCATION (City, town, or county) (State): Bakersville, Md

DATE REC'D BY LOCAL REG.: June 17, 1950 | REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR: Rl I. Earnshaw---Keedysville, Md — ADDRESS

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JUN 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06597

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington, MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 2 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 912 Summit Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 912 Summit Ave.

3. NAME OF DECEASED (Type or Print): (First) Earl (Middle) Joseph (Last) Smith

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: April 4, 1894

9. AGE last birthday: 56 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer

10b. KIND OF BUSINESS OR INDUSTRY: P.R.R.

11. BIRTHPLACE (State or foreign country): Mont Alto Pa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Smith

14. MOTHER'S MAIDEN NAME: Alice Rook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 216-10-1273

17. INFORMANT AND ADDRESS: Mrs. Hattie Smith, Hagerstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 10 minutes

420.1 94a

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1950, to June 15, 1950, that I last saw the deceased alive on June 15, 1950, and that death occurred at 4:30 P m., from the causes and on the date stated above.

SIGNATURE W. D. Layman (Degree or title) M.D. ADDRESS 5 Public Square Hagerstown, Md DATE SIGNED June 17, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 6/18/50 | NAME OF CEMETERY OR CREMATORY Lincoln | LOCATION (City, town, or county) Chambersburg (State) Pa.

DATE REC'D BY LOCAL REG. June 21 1950 | REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS Walter Y. Grove, Waynesboro Pa.

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JUN 23 1930
BUREAU P. S.

06598

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 307

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Locust Grove 'Rural'
LENGTH OF STAY (in this place): Life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Robersville Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Locust Grove 'Rural'
STREET ADDRESS (If rural, give location): Robersville Md.

3. NAME OF DECEASED (Type or Print): (First) Elmer (Middle) Clayton (Last) Snyder

4. DATE OF DEATH: (Month) June (Day) 24 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 25 1878

9. AGE last birthday: 71 - 10 - 29 yrs. | If under 1 year: Months — Days — | If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm.

11. BIRTHPLACE (State or foreign country): Locust Grove Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Snyder.

14. MOTHER'S MAIDEN NAME: Amanda Stine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Lenora M. Snyder. Robersville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
422.2	Immediate cause	(a) Chronic Myocarditis	5 yr.
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis of Brain -	1 yr.
		(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. X, 1950, to June 24, 1950, that I last saw the deceased alive on June 24, 1950, and that death occurred at 11:55 P. m., from the causes and on the date stated above.

SIGNATURE: G. W. Lefler (Degree or title) M.D. ADDRESS: Boonsboro DATE SIGNED: 6/26/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: June - 27 - 1950 | NAME OF CEMETERY OR CREMATORY: Robersville Cemetery | LOCATION (City, town, or county) (State): Robersville Wash. Co. Md.

DATE REC'D BY LOCAL REG.: June 27 - 1950 | REGISTRAR'S SIGNATURE: Mrs Katherine Daguhart | 24. FUNERAL DIRECTOR ADDRESS: Wm. D. Bast & Sons Boonsboro Wash. Co. Md.

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JUN 28 1950
BUREAU V. M.

06599

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH · COUNTY: Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): 20 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 242 Hager Street	STREET ADDRESS (If rural give location): 242 Hager Street

3. NAME OF DECEASED (Type or Print)	(First) Everett	(Middle) Hollingworth	(Last) Sperow	4. DATE OF DEATH	(Month) June	(Day) 15	(Year) 1950
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: Dec. 11, 1875	9. AGE last birthday: 74 yrs.	If under 1 year: Months 6	Days 4	If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister	10b. KIND OF BUSINESS OR INDUSTRY: Congregational Church	11. BIRTHPLACE (State or foreign country): Berkeley Co. West Va.	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME: William O. B. Sperow	14. MOTHER'S MAIDEN NAME: Alimeta Buxton						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY No.: None	17. INFORMANT: Mrs. Nina Wiles Sperow					

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
331x	Immediate cause	(a) Cerebral Hemorrhage	4 days
83a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General arteriosclerosis	10 yrs
		(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/12/50, 19....., to 6/10/50, 19....., that I last saw the deceased alive on 6/14/50, 19....., and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE: A. W. Detty (Degree or title) ADDRESS: Hagerstown Md DATE SIGNED: 6/16/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 6/17/50	NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery	LOCATION (City, town, or county) (State): Hagerstown, Maryland
DATE REC'D BY LOCAL REG.: June 17, 1950	REGISTRAR'S SIGNATURE: Chas H Bowers	24. FUNERAL DIRECTOR: Edith V. Leaf ; Williamsport, Maryland.	ADDRESS

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JUN 20 1950
BUREAU V. S.

06600

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown Rural
STREET ADDRESS (If rural, give location): Featherbed Lane

3. NAME OF DECEASED (Type or Print): (First) Gregory (Middle) Allen (Last) Spielman
4. DATE OF DEATH: (Month) 6 (Day) 7 (Year) 1950
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 6- 5-50
9. AGE last birthday: yrs. — If under 1 year: Months / Days 2 — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Hagerstown, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Jack G. Spielman
14. MOTHER'S MAIDEN NAME: Clara E. Hewitt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. P. E. Spielman, Hagerstown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

774 x

Immediate cause (a) Acute non specific parotitis

159

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity (8 mos gestation)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 5, 1950, to June 7, 1950, that I last saw the deceased alive on June 7, 1950, and that death occurred at 11.38 p m., from the causes and on the date stated above.

SIGNATURE: B Howard M.D. (Degree or title) — ADDRESS: 119 E. Antietam St Hagerstown Md — DATE SIGNED: 6/8/50

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE THEREOF: 6-8-50 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Md.
DATE REC'D BY LOCAL REG.: June 8, 1950 — REGISTRAR'S SIGNATURE: Chas H Bowers
24. FUNERAL DIRECTOR: Scott F. Minnich & Son — ADDRESS: Hagerstown

2-0-6-05-0-25-2-34-3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 12 1950
BUREAU V. S.

06601

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Wash. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 55 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 Wise St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS 75 Wise St. (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) Orinda (Last) Spigler
4. DATE OF DEATH (Month) June (Day) 1 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH March 17, 1866
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Williamsport Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Nelson Harsh
14. MOTHER'S MAIDEN NAME Sarah Redmond
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. -----
17. INFORMANT AND ADDRESS Mrs. Karl Wiebel

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
422.1	Immediate cause	(a) Chr. Myocarditis	5 yr
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senile arteriosclerosis	10 yr
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1-, 1950, to 6-1, 1950, that I last saw the deceased alive on 5-31-50, 19....., and that death occurred at 7:20 a m., from the causes and on the date stated above.

SIGNATURE S. E. W. Detty (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 6/7/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 3, 1950
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown (State) Md.
DATE REC'D BY LOCAL REG. June 3, 1950
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 6 1950
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06602

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burkettsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Ellen (Last) Spriggs

4. DATE OF DEATH (Month) 6 (Day) 4 (Year) 1950

5. SEX Female

6. COLOR OR RACE Col.

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH About 7, 1889

9. AGE last birthday 60? yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Frank White

14. MOTHER'S MAIDEN NAME Rachael Hopewell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ~~Somewhat~~ (If war, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT Mrs Sarah Jane Morris

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
443x	Immediate cause	(a) HYPERTENSIVE CARDIOVASCULAR DISEASE	UNKNOWN
	Antecedent cause(s)		
93d	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CEREBRAL HEMORRHAGE	1 wk
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 28, 1950, to JUNE 4, 1950, that I last saw the deceased alive on JUNE 3, 1950, and that death occurred at 6 55 a.m., from the causes and on the date stated above.

SIGNATURE N. Alan Harris (Degree or title) M.D. ADDRESS 651 Pennsylvania DATE SIGNED 6/4/50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE 6-6-50 NAME OF CEMETERY ~~OR CREMATORY~~ St. Marys LOCATION (City, town, or county) Petersville (State) Md.

DATE REC'D BY LOCAL REG. Jan. 4. 1950 REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR C. H. Feete and Bro Brunswick ADDRESS Md.

52086

RECEIVED
JUN 6 1950
BUREAU T. S.

This was a displaced person, brought into this country under the Displaced Persons Act.

MARYLAND STATE DEPARTMENT OF HEALTH

Dr. wells

06603

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (In this place) 6 Mos; HOSPITAL OR INSTITUTION OR STREET ADDRESS 1003 The Terrace

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Austria; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Steirwark; STREET ADDRESS (If rural, give location) Zeltweg 11 233

3. NAME OF DECEASED (Type or Print): (First) ISABELLA (Middle) (Last) STEIGLER

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: Aug 6, 1911

9. AGE last birthday: 38 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Austria

12. CITIZEN OF WHAT COUNTRY? Austria

13. FATHER'S NAME: No Record

14. MOTHER'S MAIDEN NAME: Isabella Savago

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr. Franklin Thomas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute seconal poisoning (suicide) 970.2

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 163B

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NO

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) NO m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) DEPUTY MEDICAL EXAM. ADDRESS 115 N. Potomac Hagerstown, Md. DATE SIGNED 6/6/50

S. Rubert Wells M.D. WASH. CO., MD.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF 6/7/50; NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery; LOCATION (City, town, or county) (State): Hagerstown Wash. Co. Md

DATE REC'D BY LOCAL REG. June 7. 1950; REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman Hagerstown Md.

52086

RECEIVED
JUN 9 1960
BUREAU V. S.

06604

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Half Way
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2215½ Virginia ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Half Way Hagerstown
STREET ADDRESS (If rural, give location) 2215½ Virginia Ave.

3. NAME OF DECEASED (Type or Print) (First) Gertrude (Middle) Workman (Last) Wait

4. DATE OF DEATH (Month) June (Day) 25 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Mar 4th 1876
9. AGE last birthday 74 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work
10b. KIND OF BUSINESS OR INDUSTRY House Wife
11. BIRTHPLACE (State or foreign country) Minnesota
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Ebinezer Workman
14. MOTHER'S MAIDEN NAME Mary Last Name Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Wm W Wait

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma - Larynx — INTERVAL BETWEEN ONSET AND DEATH 1 yr.

161x Antecedent cause(s)

47a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1950, to June 26, 1950, that I last saw the deceased alive on June 24, 1950, and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE Philip H Hesleman (Degree or title) MD ADDRESS Hagerstown Md DATE SIGNED 6/26/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6/27/50
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) Hagerstown (State) Md

DATE REC'D BY LOCAL REG. June 25, 1950
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Rest Haven Funeral Chapel Inc. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr. Yeager

CERTIFICATE OF DEATH

B6605

Reg. Dist. No. 302

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 7 Wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 125 King St.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) EDWARD (Last) WHITE Jr.

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Jan. 11 1883

9. AGE last birthday: 67 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer Mechanical

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Edward White Sr.

14. MOTHER'S MAIDEN NAME: Emma Virginia Leonard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service) None

16. SOCIAL SECURITY NO.: 220-07-8670

17. INFORMANT AND ADDRESS: Miss Mary E White 125 King St. Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma Pancreas & Liver	4-12-50
157X Antecedent cause(s)	(b) Hypertensive Cardiovascular Disease	1 year
46g Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Cholelithiasis	4-12-50

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5-2-50

19b. MAJOR FINDINGS OF OPERATION: Cholelithiasis and Carcinoma Pancreas & Liver

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 12, 1949, to June 15, 1950, that I last saw the deceased alive on June 16, 1950, and that death occurred at 11:28 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W Howard Yeager M.D. Hagerstown, Md. June 16, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 6/17/50 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Wash. Co. Md.

DATE REC'D BY LOCAL REG.: June 16, 1950 — REGISTRAR'S SIGNATURE: Chas H Brewer

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman Hagerstown Md.

V2293

RECEIVED
JUN 19 1901
BUREAU T. S.

06606

Evidence for addtion of 21 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

FILM No. G 126 JUN 23 1950

Reg. Dist. No. 3-62

1. PLACE OF DEATH: COUNTY Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 915 Hamilton Blvd.

3. NAME OF DECEASED (Type or Print): (First) David (Middle) Thomas (Last) Wolfe

4. DATE OF DEATH: (Month) June (Day) 10 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12-30-1862

9. AGE last birthday: 87 yrs. If under 1 year: Months 5 Days 10 If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Supt. Ins. Co.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Wolfe

14. MOTHER'S MAIDEN NAME: Rachael Hawthorne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: Mrs. Catherine F. Wolfe

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute circulatory failure	12 hours
909.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture of L. femur	8 days
186a	(c) Arteriosclerosis of coronary arteries. (surgical syndrome)	3 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) accident; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) his home; (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 6/2/50 m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR? Fell in kitchen of his home (6/23/50 akc)

22. I hereby certify that I attended the deceased from 9-26, 1947, to 6/10, 1950, that I last saw the deceased alive on 6/10, 1950, and that death occurred at 11:15 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John H. Hornbaker M.D. ADDRESS 15 W. Washington St. Hagerstown, Md. DATE SIGNED 6/12/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 6-13-1950; NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery; LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REG. June 13 1950; REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR ADDRESS C.M. Suter & Sons, Hagerstown, Md.

15680

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 15 1950
BUREAU V. S.

06607

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 1205 Va. Ave.

3. NAME OF DECEASED (Type or Print) (First) Florence (Middle) Arbelia (Last) Yost

4. DATE OF DEATH (Month) June (Day) 27 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Aug. 4, 1874

9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Boonesboro Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Chas. A. Gabe

14. MOTHER'S MAIDEN NAME Lucinda Danner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. -----

17. INFORMANT AND ADDRESS Mrs. Edgar Smith Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	6/23/50
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral arteriosclerosis	?
	(c)	

332 X
93d

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis Chr. — 2 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/23, 1950, to 6/27, 1950, that I last saw the deceased alive on 6/27, 1950, and that death occurred at 9:50 a m., from the causes and on the date stated above.

SIGNATURE H. L. Porterfield M.D. (Degree or title) ADDRESS 136 W. Washington St. DATE SIGNED 6/28/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF June 29, 1950

NAME OF CEMETERY OR CREMATORY Luthern Cemetery

LOCATION (City, town, or county) (State) Boonesboro Md.

DATE REC'D BY LOCAL REG. June 28, 1950

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

RECEIVED
JUN 30 1950
BUREAU V. S.